

Dr. Jonathan V. Wright's

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If your eyesight is going and your doctor can't help...it's time for a second opinion

By Jonathan V. Wright, M.D.

Macular degeneration is not an incurable disease, no matter what you hear from most doctors or read in mainstream media. I have been treating patients with this condition since 1985, and have found a way to preserve and restore vision in 70 percent of the cases.

I know it's hard to believe, but I first published case studies concerning recovery of vision in patients with macular degeneration in the *Journal of Nutritional Medicine* in 1990. After several more years of experience, *Nutrition & Healing* covered preserving and restoring vision for individuals with macular degeneration at length in August 1996. My colleague, Tom Dorman, M.D., confirmed my observations in his own newsletter in February 1998. In the 10 years since 1990, literally dozens of physicians, mostly members of the **American College of Advancement in Medicine (ACAM)**; tel. (800)532-3688, have told me that the treatment, pioneered at the Tahoma Clinic, has worked for the majority of their patients too.

So why isn't this treatment better known and much more widely used? As usual, the answer is that it's unpatentable. Pharmaceutical companies aren't interested, and government grants are made available almost entirely to test mainstream medical

theories. So there aren't any controlled trial results to make mainstream medicine happy...and there isn't any money given to natural medicine to do the testing. It's a vicious cycle, with patients getting the short end of the stick.

Macular degeneration is not an incurable disease, no matter what you hear from most doctors or read in mainstream media.

But despite the absence of controlled research, macular degeneration is an important and prevalent health problem. In case you don't know already, this disease involves degeneration of the center of the retina which is called the *macula*. The macula is the part of the eye capable of our most detailed vision. We use it for reading, driving, recognizing faces, watching television, and all precise work. Macular degeneration is the leading cause of legal blindness in people over 55 and affects 9 percent of us over 70 (according to one prominent eye journal).

The following is an account of one of my patients who was suffering and losing his eyesight. He'd become frustrated and scared. His story may hit home; it will also fill you in on a highly successful treatment. Please pass

this information along to anyone who needs it.

A visit to the right doctor can reverse an unpleasant fate—and change your life forever

Sam Peterson was depressed and very worried.

"I can still see good enough to drive with my latest glasses," he started, "but my vision's going fast, and my eye doctor says that since the vitamin and mineral pills he gave me didn't make any difference, there's nothing left to do. I'm just 73, my father lived to 95, and I...I can't face not being able to get around, or maybe even going blind. The doc says that's possible." He paused to control his emotions. "I always told Amy here I'd take care of her—we've been married 44 years now—and instead I'd be depending on her." He stopped again.

"Now Sam, we promised to take care of each other," Amy said. She reached over and took his hand. "We feel so blessed, Doctor. We just accidentally met a patient of yours, Elaine, on our vacation, and she told us about the remarkable improvement in her vision from your treatments here. So we just had to come in."

"She said you told her the treatment works most of the time,

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Our mission:

Nutrition & Healing is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Kent, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

Nutrition & Healing cannot improve on these famous words:

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."

The inalienable right to life must include the right to care for one's own life. The inalienable right to liberty must include the right to choose whatever means we wish to care for ourselves. In addition to publishing the best of information about natural health care, *Nutrition & Healing* urges its readers to remember their inalienable rights to life, liberty, and freedom of choice in health care. This information is published to help in the effort to exercise these inalienable rights, and to warn of ever-present attempts of both government and private organizations to restrict them.

All material in this publication is provided for information only and may not be construed as medical advice or instruction. No action should be taken based solely on the contents of this publication; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The information and opinions provided in this publication are believed to be accurate and sound, based on the best judgment available to the authors, but readers who fail to consult with appropriate health authorities assume the risk of any injuries. The publisher is not responsible for errors or omissions.

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but not all the time?" Sam asked.

"That's true, it doesn't work every time; but halting or reversing the problem about 70 percent of the time isn't bad."

"And even if it's just stopped where it is, Sam, you can still drive with your glasses," Amy pointed out.

"I hope I'm not in the 30 percent or so," he worried.

Stomach function tests tell you much more about your eyes than you expected

"What's this Elaine told me about starting with a stomach test? I've heard that the way to a man's heart might be through his stomach, but the way to his eyes, too?"

"Not just the heart and eyes, but all the rest of the body. Especially when we're past 60 years old, it's wisest to check the stomach and the rest of the digestion whenever anything goes wrong and just won't get better. As we get older, all body functions slow down. By the time we're 60, half or more of us have enough digestive 'slow-down' to interfere with optimal nutrition for all our body cells. (For more information on digestion problems and solutions, refer to the October 2000 issue of *Nutrition & Healing*.) Specifically, since the 1980s, we've found poor stomach function and/or other digestive problems in nearly everyone with macular degeneration."

"Okay, I'll get my digestion checked. Anything else need testing?"

"Yes, you should check the nutrients likely to be low when the stomach isn't working: minerals and essential amino acids. Lastly, your testosterone level."

Sam looked puzzled. "What's testosterone got to do with digestion?"

I laughed. "I wasn't thinking of digestion here. Testosterone is measured because it's the most potent anabolic steroid—tissue-building hormone—in humans of either sex. Of course it's more likely to be low past age 60. If it is, then using a little 'bio-identical'—identical to natural—testosterone can help rebuild tissue faster, anywhere in the body."

"Elaine said she had several weeks of intravenous treatments, minerals, vitamins, and so on. We assumed that intravenous injections were needed because of her poor digestion. What's in those? When does Sam start, or do we wait for the test results?"

Many doctors prescribe doses that are too small and completely ineffective

"Since the mid-1980s, we've started everyone with macular degeneration on IV treatments, simply because more people get better, and sooner, too. If all the digestion tests come back

normal—which is unusual—then we consider going to an all-oral treatment. We usually start as soon as tests are done, which can be in a day or two.

"The most important minerals for macular degeneration healing—zinc and selenium—are central to the IV treatment. In fact, those are the only two we used for much of the 1980s. Since then, we've expanded the list to include all known essential minerals, as well as vitamin B₁₂ and the other B-complex vitamins. That improved results a little further, and costs only very slightly more."

"Zinc and—I think—selenium were both in that vitamin/mineral pill the eye doctor gave me that didn't

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St. John's wort side effects—it's important to know the facts Part 3

St. John's wort is widely used, widely studied, and widely accepted. Although the general consensus is that this herb is totally safe if used appropriately, there are still many "Beware St. John's wort" headlines out there scaring users away. Yes, if you look, you'll find some studies and some information on possible negative side effects—but look more closely; there's not much *real* evidence of any danger. Much of what you'll find is based on anecdotal information, the herb's effects on animals, or blanket statements based on individual opinion. So what are the real side effects and what are just stories? That's what I'm here to debate.

Side effect:

Light sensitivity, or hypericism, is a state of excessive sensitivity to light that has been seen in livestock that consume large quantities of St. John's wort. It results from the photosensitizing properties of the red pigments, hypericin and pseudohypericin, which are found in the flowering plant at relatively high levels. As well as getting a skin rash (dermatitis), the animals become irritated and more difficult to handle. Sheep, cattle, and horses have been most affected by this problem.

There has been one case of possible *human* light sensitivity/nerve damage reported. A woman began to experience sharp pains in areas exposed to the sun (her face and hands) after treatment for four weeks with an over-the-counter preparation of St. John's wort (500 mg). Painful sensitivity on her arms and legs occurred after sunbathing. Her symptoms began to improve and eventually

disappeared after she stopped using the product.¹

Debate:

First, I'd like to note that the woman in the above account was using a tablet that contained St. John's wort as a dried herb and not the standardized extract. My clinical experience has shown that this side effect only occurs when the whole dried herb is ingested.

So, while there has been this *anecdotal* account of hypericism in a human, clinical trials on St. John's wort extract have not identified it as a problem. In a single-dose study, healthy volunteers received varying doses of St. John's wort extract; no evidence of photosensitivity was observed when their skin was irradiated with either UVA or UVB light four hours later. Sensitivity to UVA light was increased only after the highest dose of the extract. The results of a multiple-dose study using 1,800 mg of St. John's wort extract (twice the normal dose) over 15 days indicated that the extract caused no significant change in UVB photosensitivity, though there was a moderate increase in UVA photosensitivity.

It was concluded that patients should reduce any artificial UVA irradiation while taking St. John's wort but that normal doses merit no concern for photosensitivity.^{2,3} So if you're taking St. John's wort extract, you should avoid excessive sunlamp exposure—or you might end up with a quicker suntan!

Side effect:

Many antidepressant treatments occasionally cause **mania** or "**excessive excitement.**" Some people are saying this could be the case with use of St. John's wort

extract. The first case histories were described as recently as 1999.⁴ Both cases involved people who were diagnosed with bipolar disorder (manic depression) and had a previous history of mania. For another three reported cases, two had bipolar disorder.⁵

Debate:

It could be that people with bipolar disorder are susceptible to experiencing mania if they take St. John's wort. It could also be that these patients were experiencing a manic episode in the regular course of their illness and the link with St. John's wort was purely coincidental.

Side effect:

Serotonin syndrome is an adverse drug effect characterized by altered mental status and muscular abnormalities. Symptoms can include, but are not limited to, euphoria, drowsiness, clumsiness, dizziness, sweating, muscle twitching, shivering, loss of consciousness, and death. It is most frequently caused by the use of selective serotonin reuptake inhibitors (SSRIs) found in popular antidepressants like Paxil and Zoloft or by the use of MAO inhibitors—also antidepressants—including Nardil and Eudatine. Recently, there's been a case of suspected St. John's wort-related serotonin syndrome reported. (Monoamine oxidase inhibitors—MAOIs—are the early and now obsolete antidepressant drugs.)

The 50-year-old woman involved had stopped taking paroxetine (Paxil) 10 days prior to starting St. John's wort extract supplementation. Not long after the switch, she restarted the paroxetine to assist her sleep. The

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St. John's wort—side effects

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following day, she experienced lethargy and grogginess. The author deduced that an adverse reaction occurred between the SSRI and Hypericum,⁶ but the evidence for this conclusion was not strong. More recently, a report has appeared that documents five cases of serotonin syndrome in elderly people (who are most susceptible to the problem) who were taking St. John's wort extract and antidepressants at the same time.⁷

Debate:

It could be that people (especially elderly people) taking conventional antidepressant drugs are more susceptible to serotonin syndrome if they also take St. John's wort extract. We also need to consider that antidepressant drugs are capable of causing this syndrome on their own. So a link with St. John's wort extract might only be coincidental.

Side effect:

The American Society of Anesthesiologists issued a warning in 1999 against taking St. John's wort just before surgery because of a dangerous **interaction with anesthetics**. I've also come across a brief article warning of these dangers.⁸

Debate:

These guys might know about sending people to sleep...but their herbal knowledge is not impressive. The society based its conclusions on the fact that St. John's wort extract is a strong inhibitor of MAO. (Monoamine oxidase inhibitors are the early and now obsolete antidepressant drugs.) Unfortunately, they were about five years behind in their St. John's wort literature. All experts now acknowledge that St. John's wort extract is a clinically insignificant inhibitor of MAO.

Side effect:

A recent edition of *The Lancet* carried two studies showing that St. John's wort extract **reduced the effectiveness of both the HIV drug indinavir and the antirejection drug cyclosporin**.^{9,10} It's not surprising that these studies have received much publicity, since *The Lancet* press release was headed: "The dangers of St. John's wort."

Researchers at the U.S. National Institutes of Health gave eight HIV-negative volunteers the antiviral drug (protease inhibitor) indinavir. St. John's wort extract tablets were added on the third day, and both treatments were continued for a further two weeks. Overall, blood levels of indinavir dropped by 57 percent when it was taken concurrently with St. John's wort. The authors concluded that a reduction of this magnitude could lead to the development of drug resistance and treatment failure.¹¹

In the second study, two case histories were described involving heart transplant patients who were hospitalized with heart trouble after taking St. John's wort extract to treat depression.¹² In both cases, doctors determined that the problem was acute heart transplant rejection, attributed to a reduction in plasma cyclosporin. Cyclosporin levels returned to the therapeutic range upon withdrawal of the St. John's wort.

In these cases, authors suggested that the possible mechanism behind these effects were the induction of enzymes of the microsomal cytochrome P450 complex (which metabolizes drugs) and possible interference with intestinal uptake of the drug.

Debate:

The capacity for St. John's wort extract to induce drug-metabolizing enzymes appears to be powerful, but it still needs to be kept in perspec-

tive. British scientists and herbalists wrote a letter to the editor of *The Lancet* pointing out that several common foods and drinks also influence parts of the cytochrome P450 enzyme complex.¹³ They wrote the following:

"It is well documented that grapefruit juice is a potent inhibitor of cytochrome P450. Conversely, cruciferous vegetables such as broccoli, cabbage, and Brussels sprouts are P450 inducers. Similarly, charcoal-grilled beef, red wine, ethanol, and cigarette smoke also induce the cytochrome P450 system and have the potential to alter the rate at which many drugs are metabolized."

Side effects:

I agree that the effect of St. John's wort on **drug metabolism and/or absorption** does appear to be real and not just confined to the examples published in *The Lancet*.

It is exemplified by follow-up correspondence and through other published studies.

Hypericum extract has also been found to reduce the plasma concentration of the heart drug digoxin¹⁴ and reduce the effectiveness of the anticoagulant drugs phenprocoumon¹⁵ and warfarin.¹⁶ It may even reduce the effectiveness of the contraceptive pill and steroidal anti-inflammatory drugs. The Swedish government has already acted, and St. John's wort products in that country must now carry the warning that they should not be used at the same time as **any** other drugs.¹⁷

A special message dated February 29, 2000, from Professor A. Breckenridge, chairman of the Committee on Safety of Medicine in the United Kingdom, explained that the Medicines Control Agency has warned doctors and pharmacists that St. John's wort extract should not be used with the

CLINICAL TIP 80

Magnesium: Are you getting too much of a good thing?

Magnesium is an essential nutrient with hundreds of known functions in the body. From maintaining and improving energy levels to building bone density, to treating migraines—there are numerous health benefits to supplementing with this nutrient. However, there is a hidden health hazard that most people don't know about.

The most commonly recommended dosage for magnesium supplements is 200 mg to 600 mg and occasionally as high as 1,000 mg a day. For most of us, 200 mg to 600 mg is sufficient. But there's a possible hidden side effect that can occur—and it can happen even at lower doses.

Magnesium-induced magnesium deficiency

In the late 1970s, I worked with a professor of chemistry from a major university. His knowledge and use of vitamins and minerals was well ahead of the university's medical school. When he first arrived, he brought with him an excellent diet plan and, for the time, an exceptionally comprehensive list of vitamin and mineral supplements. He'd been following the diet, exercising, and taking the supplements for several years, but still complained that he was "all tired out!"

So we did some tests. Surprisingly, nearly all his mineral levels were lower than usual. Low, even compared to individuals who had not been supplementing with minerals. Some of his other nutrient levels were also lower than expected. After several negative tests for more-usual causes of nutrient malabsorption (low stomach acid, insufficient digestive enzymes, allergy) we discovered that his 500 milligrams-a-day dose of magnesium was the culprit.

You may not have liked milk of magnesia... this could be why

Remember milk of magnesia? If you ever took it as a child, it's probably not a fond memory! The large quantities of magnesium in this product are quite irritating to the bowel and will usually make you "go." Some of us are much more sensitive to this side effect of magnesium than others. The professor was one of the sensitive ones. But as he observed: "I *don't* have diarrhea or even loose bowels!"

There's a prototypically-British term that describes the professor's situation: **Gastrointestinal Hurry**. The term was coined by my friend and colleague Dr. Stephen Davies, then of London, now of Queensland, Australia. By this he meant a sufficient speeding-up of the bowel to adversely affect nutrient absorption, but not enough to really be noticeable. To document gastrointestinal hurry, he had individuals measure their intestinal transit time while taking varying quantities of magnesium...and then measure again when *not* taking them.

Intestinal transit time, although not mentioned in the index of two major textbooks of gastroenterology I just checked, is generally understood to be the term that describes the length of time food takes to "transit" from the entrance to the exit of the gastrointestinal tract. The term was popularized by (among others) Dr. Denis Burkett, the British colonial physician famous for describing "Burkett's lymphoma" as well as the observation: "The larger the stools, the smaller the hospitals." Although estimates vary, a reasonable range for "normal" transit time appears to vary from a minimum 12-14 hours to 20-24 hours. Transit time is easily measured by eating beets or corn or swallowing charcoal tablets and observing how long it takes these or other markers to emerge.

The chemistry professor found that his transit time was approximately 18 hours without his usual 500 milligrams-a-day dose of magnesium. With the magnesium, his transit time dropped to 9 to 10 hours *without* loose bowels; clearly a case of "gastrointestinal hurry." He had a classic case of a magnesium-induced magnesium (and other nutrient) deficiency. He later found that the largest amount of magnesium he could take each day without causing this "hurry" was 250 milligrams.

Most of us can take more magnesium each day without risking gastrointestinal hurry or magnesium-induced magnesium deficiency. However, it's easy enough to discover if your magnesium (or calcium-magnesium) supplement is causing "hurry." I'd recommend checking, especially if your supplements contain more than a total of 500 to 600 milligrams of magnesium daily.

following drugs: indinavir, warfarin, cyclosporin, oral contraceptives, and theophylline.¹⁸ The bulletin also states that, although there is no direct evidence, clinically important interactions

are also likely with other HIV protease inhibitors, non-nucleoside reverse transcriptase inhibitors (another type of drug for HIV), and anticonvulsants (used for epilepsy). Possible

interactions with SSRI and triptans (which are used to treat migraines) are also flagged. The recommendation in all the above examples is to stop taking St. John's wort.

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St. John's wort—side effects

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Debate:

First, I have to say that some of the associations (made above) are hypothetical and debatable (like the possible interactions with SSRIs and triptans) and it is surprising that the Medicines Control Agency would issue such a strong statement that is not supported by clinical evidence. Second, the statement warning oral contraceptive users is completely baffling. (I hope the mention of birth control and St. John's wort in October's issue did not confuse you—I do not currently give this concept much merit.) It is true that there have been recent reports of intermenstrual bleeding in women taking both St. John's wort and the contraceptive pill,¹⁹ but breakthrough bleeding is a common side effect of the modern birth control pill taken on its own—and there has hardly been an outbreak of unwanted pregnancies occurring. St. John's wort is now so widely used that if there were such a consequence it would not have gone unnoticed. I will be convinced on this particular issue only when several well-documented cases are published. Evidence-based medicine is, after all, based on evidence.

St. John's wort has a fraction of the side effects associated with mainstream, prescription antidepressant medications

St. John's wort can be taken for a variety of reasons, but its most popular use is for treating depression. As you know, there have been many well-documented studies and results showing that St. John's wort is as effective in treating depression as popular

prescription antidepressants. It also has only a fraction of the possible side effects.

In a drug-monitoring study, also known as a postmarketing surveillance study, the effects (particularly in terms of safety) of a medication on a large population are monitored in a routine prescribing situation. In a postmarketing surveillance study of 3,250 patients receiving St. John's wort extract for treatment of depression, 2.4 percent reported side effects (mainly minor gastrointestinal complaints and allergic reactions like pruritis [itching]). The incidence of side effects with the St. John's wort extract was estimated to be 10 times less than that experienced with orthodox antidepressants.²⁰

It is important to be familiar with all the risks when it comes to

your health—but make sure to pay attention to more than just the headlines. You'll probably see that much of what you hear and read about St. John's wort's side effects is based on weak or questionable evidence. Much of this questionable coverage is the result of the wide and unmonitored use of this herb, and of the people and organizations who don't want herbs to replace mainstream medicines.

Although there is documentation of possible danger and risk with St. John's wort, from my experience, if it's used in the right context, it is effective and safe. I'm sure that in the years to come we'll find even more information, both good and bad on supplementing with this herb. If the pattern that I've experienced and witnessed first-hand continues, it will be mostly very good. 🍏

New Text Book for Sale:

Principles and Practice of Phytotherapy: Modern Herbal Medicine, written by Simon Mills and Kerry Bone is a ground-breaking text; the only comprehensive, thoroughly researched, carefully referenced, up-to-date text on the practice of herbal therapy. The authors have active experience in clinical practice, education, manufacturing, and research. This book is intended for practitioners, students, or the serious reader interested in herbal therapy. It's divided into 3 parts:

- **Background and Strategies** covers traditional systems, principles of herbal pharmacology (including pharmacokinetics), and issues of quality, safety, and establishing efficacy.
- **Practical Clinical Guides** covers herbal approaches to pathological states and system dysfunctions, including actual case histories. Important issues such as systematic prescribing and dosage are also discussed in depth.
- **Materia Medica** with 44 detailed monographs on important and commonly used herbs.

U.S. herbalist Robyn Klein says:

"Two of the most respected clinical herbalists have teamed up to write THE guiding therapeutic manual. ...The gauntlet is thrown. I suspect there will not be a challenging response for at least a decade. With this book herbal medicine firmly and proudly takes the professional path of integrity, discipline and rigor."

To order, contact the **American Botanical Council**; tel. (800)373-7105 or **Harcourt Health Sciences**; tel. (800)545-2522. This book has 643 pages and contains over 4000 citations. Cost is \$72 plus shipping.

Macular degeneration

(continued from page 2)

work” Sam observed.

“Unfortunately, the quantities are always much too small...” I started.

“...and probably they weren’t being digested and absorbed either,” Amy observed.

“Elaine told me about a supplement with vitamins, minerals, and herbs that’s been put together for macular degeneration. Should I get that?” Sam asked.

“Actually, it was put together to help prevent and treat both macular degeneration and cataracts. It’s based on a multiple vitamin/mineral formula, so folks won’t need to buy as many different products, but extra quantities of key nutrients for eyes, like vitamin B₂, are added. In addition, bilberry, ginkgo, lutein, N-acetylcysteine, and other supplemental items particularly helpful for eyes are added. While it’s true this supplement will probably help more once your digestion is patched up, you may as well start now.”

I wrote out my recommendations, and Amy took notes. “Let’s see,” she said, “stomach and digestion tests, mineral and amino acid tests, testosterone check, mineral and vitamin IVs, the special supplement formulation... anything else?”

“Not for now.”

Most people see improvement with this treatment in as little as four to six weeks

As expected, Sam’s tests showed poor stomach function, as well as inadequate digestive enzymes. He started on supplemental quantities of betaine hydrochloride with pepsin, taken with meals, as well as digestive enzymes right after meals. He continued on his “multiple” supplement and added in the amino

acids indicated by his blood test. (Amino acids are important “building blocks” for tissue re-growth). His testosterone test showed that his levels were normal. Fortunately, Sam was in the “70 percent” group. His vision started to improve by the end of the first month of IV treatment. He continued IV treatments until his vision stabilized at a much better level, as confirmed by his eye doctor. Nearly eight years later, his vision remains improved.

In most cases, if there are no results after eight weeks, the treatment won’t help.

If you fear that you’re suffering from macular degeneration or if you have another vision problem, like cataracts, there are treatment programs that can help. Please contact a physician knowledgeable in nutritional medicine through ACAM; tel. (800)532-3688, or

show your physician this article and have him or her contact the **Tahoma Clinic** with any questions.

A note for skeptics...or helpers:
If anyone can help the Tahoma Clinic Foundation with a research grant of approximately \$1 million—sorry, it’ll take that or more—we’ll be happy to demonstrate with a controlled trial that appropriately done nutritional treatment stops and/ or reverses macular degeneration in approximately 70 percent of cases. 🍏

Citations available upon request.

To make an appointment with a Tahoma Clinic doctor or for more information on eye disease call the Tahoma Clinic, tel. (253)854-4900.

CLINICAL TIP 81

A simple urine test can now check for Alzheimer’s disease

Many of us, doctors included, still believe that Alzheimer’s disease can only be diagnosed at autopsy and that even the best neurological examination can’t really tell us for sure. A review of the “medical literature” shows us, however, that there’s a simple urine test that increases the odds of an accurate (and earlier) diagnosis.

The test (called AD7C) measures neural thread protein (NTP), a protein found in large amounts in the brains of individuals with Alzheimer’s disease. NTP is associated with one of the hallmarks of Alzheimer’s disease, neurofibrillary tangles. When NTP is found in certain amounts in urine, it’s 80-85 percent sensitive (only 15-20 percent false positives) and over 90 percent specific (only 10 percent or less false negatives). When combined with a rigorous neurologic examination (physical exam, MRI, etc.), the AD7C test significantly increases the odds of accurate Alzheimer’s disease diagnosis.

I’ve been told by some individuals and families that they really don’t want to know if it’s Alzheimer’s disease, and that they’ll deal with the symptoms whatever the problem may be. Others would prefer to know with as much certainty as possible. If you’re in the latter group and would like details on this test, contact NYMOX at (800)936-9669 or info@nymox.com. Note: *Nutrition & Healing* and I are not connected with NYMOX in any way other than the submission of (paid) specimens from time to time.



D-mannose can provide relief for urinary tract infections...but where can you buy it?

Q: *We would like to try D-mannose for urinary tract infections as soon as possible.*

Where can we purchase it? I have looked in my favorite health food store with no luck.

---D.N., Homestead, Florida

A: Your favorite health food store can order D-mannose from **Bio-Tech Pharmacal**, tel. (800)345-1199 or (501)443-9148 or you may order directly from the **Tahoma Clinic Dispensary** (with which I am, of course, affiliated); tel. (888)893-6878; Web site: www.tahomacclinic.com.

The use of D-mannose to eliminate urinary tract infections was the subject of our May 1999 newsletter. I'll repeat just a few key points here: D-mannose is a natural simple sugar only a small amount of which is safely metabolized by our bodies. Most is excreted in the urine unchanged. In the urine, it preferentially coats *E. coli* bacteria so they can't hang onto the walls of the bladder and urinary tract. Then, the normal flow of urine just rinses the bacteria out...and the infection is gone!

However, there are some precautions: Even though approximately 90 percent of urinary tract infections are due to *E. coli*, approximately 10 percent are not. D-mannose **WON'T WORK** on that 10 percent! Therefore, if the symptoms of the infection haven't at least started to subside in 24 hours, it's important to switch to an antibiotic promptly.

Also, although some D-mannose instructions say "take 1/2 to 1 teaspoon every 4 to 6 hours," it's quite safe to use more

and more often, to make sure the (*E. coli*) urinary tract infection is cleared out as soon as possible.

If it's good enough for me...then it's good enough for him! Or is it?

Q: *I recently obtained pharmaceutical grade L-tryptophan for my dog from Bios Biochemicals tel. (800) 404-8185 because he just seemed a little depressed to me. He's been better since one week after I started to give it to him. I read something you wrote years ago that said that 3 grams a day (not taken at the same time as other amino acids or proteins) is about right for the average size human, and since he weighs about 75 pounds, I gave him 1 1/2 grams a day. Is that the correct amount?*

---J.F.

A: You did get my recommendation correct for the average human, but for dogs...please check with your veterinarian! However, I'm glad you found a pharmaceutical grade....I don't think I'd use a lesser grade, even for a dog.

Help for dysfunctional salivary glands

Q: *My salivary glands have become dysfunctional, due to a drug side effect. This results in saliva that ranges from very thick to watery in consistency with no end in sight...Sjogren's syndrome has been ruled out.*

---J.L., Fanwood, New Jersey

A: Very frequently, a combination of potassium-iodide drops (SSKI) and acupuncture will correct problems with salivary gland secretions. Please contact a member-physician of the American

College for Advancement in Medicine; tel. (800) 532-3688, or the American Association of Naturopathic Physicians; tel. (206)298-0125, for help with both of these treatments.

Don't go through life "tasteless"—restore your faulty buds

Q: *In your book you have all the answers. Please tell me if there's something that could restore taste buds.*

---G.C.

A: Thank you for the compliment, but I don't have anything close to all the answers! (Some think that may be the reason we're here on Earth—to learn.) I can give you only one possible answer: zinc supplementation. Since taste bud function is zinc-dependent, some of us lose or diminish our sense of taste if we're zinc-deficient. Try using 30 milligrams of zinc (as zinc picolinate) twice daily for 90 days. (To balance out the zinc, also take 2 to 3 milligrams of copper daily.) If it hasn't worked by then, zinc probably isn't the answer.

We welcome your input!

If you'd like to share your stories, opinions, or medical findings, please send letters to:

**Dr. Wright's
Nutrition & Healing
819 N. Charles St..
Baltimore, MD 21201**

Due to a high volume of reader mail, we may not be able to respond personally to each letter. However, your letter will be read and taken into consideration for future issues and special reports.